

<i>SERFF Tracking Number:</i>	<i>LHLI-125979321</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41342</i>
<i>Company Tracking Number:</i>	<i>GPTLDM09-ARRH</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term</i>		
<i>Project Name/Number:</i>	<i>Arkansas Group term/</i>		

## Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Group Term	SERFF Tr Num: LHLI-125979321	State: ArkansasLH
TOI: L04G Group Life - Term	SERFF Status: Closed	State Tr Num: 41342
Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num: GPTLDM09-ARRH	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally Roudebush, Rodney Hartwig	Disposition Date: 01/22/2009
	Date Submitted: 01/15/2009	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: Arkansas Group term	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Other
Filing Status Changed: 01/22/2009	
State Status Changed: 01/22/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Please See Cover Letter	

## Company and Contact

SERFF Tracking Number: LHLI-125979321 State: Arkansas

Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 41342

Company Tracking Number: GPTLDM09-ARRH

TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Group Term

Project Name/Number: Arkansas Group term/

### Filing Contact Information

Rodney Hartwig, rodney.hartwig@londen-insurance.com  
 4343 E Camelback Rd (800) 433-8181 [Phone]  
 Phoenix, AZ 85018 (602) 808-8845[FAX]

### Filing Company Information

Lincoln Heritage Life Insurance Company CoCode: 65927 State of Domicile: Illinois  
 4343 East Camelback Road Group Code: Company Type: Life and Health  
 Phoenix, AZ 85018 Group Name: State ID Number:  
 (800) 433-8181 ext. [Phone] FEIN Number: 04-2314290  
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### Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 6 Forms x \$50.00 per form = \$300.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$300.00	01/15/2009	25059492

<i>SERFF Tracking Number:</i>	<i>LHLI-125979321</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41342</i>
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<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term</i>		
<i>Project Name/Number:</i>	<i>Arkansas Group term/</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	01/22/2009	01/22/2009

<i>SERFF Tracking Number:</i>	<i>LHLI-125979321</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41342</i>
<i>Company Tracking Number:</i>	<i>GPTLDM09-ARRH</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term</i>		
<i>Project Name/Number:</i>	<i>Arkansas Group term/</i>		

## Disposition

Disposition Date: 01/22/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LHLI-125979321 State: Arkansas

Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 41342

Company Tracking Number: GPTLDM09-ARRH

TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Group Term

Project Name/Number: Arkansas Group term/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	Ten Year Level Term Life Insurance Policy		Yes
Form	Ten Year Level Term Life Insurance Certificate		Yes
Form	Accidental Death Benefit Rider for Policy		Yes
Form	Accidental Death Benefit Rider for Certificate		Yes
Form	Application for Ten Year Level Term Life Insurance		Yes
Form	Enrollment Form for Ten Year Level Term Life Insurance		Yes

SERFF Tracking Number: LHLI-125979321 State: Arkansas

Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 41342

Company Tracking Number: GPTLDM09-ARRH

TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Group Term

Project Name/Number: Arkansas Group term/

## Form Schedule

Lead Form Number: GPTLDM09-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GPTLDM09-AR	Policy/Cont	Ten Year Level Term Initial			40	GPTLDM09 - AR.pdf
		ract/Fratern	Life Insurance Policy				
		al					
		Certificate					
	GCTLDM09-AR	Certificate	Ten Year Level Term Initial			40	GCTLDM09-AR.pdf
			Life Insurance				
		Certificate					
	GTPADRD	Policy/Cont	Accidental Death	Initial		40	GTPADRD.pdf
		ract/Fratern	Benefit Rider for				
		al	Policy				
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	GTCADRD	Certificate	Accidental Death	Initial		40	GTCADRD.pdf
		Amendmen	Benefit Rider for				
		t, Insert	Certificate				
		Page,					
		Endorseme					
		nt or Rider					
	GTPDMAP	Application/	Application for Ten	Initial		40	GTPDMAPP.pdf
	P	Enrollment	Year Level Term Life				
		Form	Insurance				
	GTCDMEN	Application/	Enrollment Form for	Initial		40	GTCDMENR-AR.pdf
	R-AR	Enrollment	Ten Year Level Term				
		Form	Life Insurance				

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE POLICY  
WITH ACCIDENTAL DEATH BENEFIT RIDER  
PREMIUMS PAYABLE FOR TEN YEARS  
NON-PARTICIPATING  
CERTIFICATES GUARANTEED RENEWABLE FOR 10 YEARS THROUGH AGE 70**

**Lincoln Heritage Life Insurance Company  
An Illinois Stock Company**

**Principal Office**

[4343 East Camelback Road]  
[Phoenix, AZ 85018]


**Administrative Office**

[-----]  
[-----]


[Toll Free: 1-800-438-7180]

**READ YOUR POLICY CAREFULLY.** This is a legal contract between You, the Group Policyholder and Lincoln Heritage Life Insurance Company. This Policy is issued to You in consideration of the Application and payment of premiums. We will pay the Death Benefit shown on the Certificate Schedule Page, less any premium due, to the Beneficiary upon receipt of due proof that the Insured's death occurred while the Policy and Certificate were in force. Our payments are subject to the terms of this Policy. A copy of the Application Form and Enrollment form are attached to, and made part of, this Policy.

**RIGHT TO CANCEL.** You may cancel this Policy by delivering, mailing or faxing a written notice to Our Administrative Office and by returning this Policy or contract to Us before midnight of the thirtieth (30th) day after the date You receive the Policy. Written notice and return of the Policy or Contract by mail are effective on being postmarked, properly addressed and postage prepaid. We will void this Policy from its date of issue within ten days after We receive notice of cancellation and the returned Policy. We will return all payments made to the Certificateholder.

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**Secretary**

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**President**

## POLICY CONTENTS

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Application – Attached	
Enrollment Form - Attached	



# **LINCOLN HERITAGE LIFE INSURANCE COMPANY**

## **POLICY SCHEDULE PAGE SPECIFICATIONS**

GROUP POLICYHOLDER: [Financial Institutions]

POLICY NUMBER: [XXXXXXXX]

POLICY DATE: [January 13, 2009]

PLAN: GROUP TEN YEAR TERM LIFE

ELIGIBLE PERSONS: [Credit Card Holders]

## DEFINITIONS

In this Policy:

“Age” means age of the Insured on last birthday.

“Application” means the Application(s) and all amendments and supplements as completed by You.

“Certificate Date” means the effective date of coverage under the Certificate and the date from which Certificate anniversaries and premium due dates are determined.

“Certificateholder” means the holder of the Certificate of Coverage. The Certificateholder is the Insured. The Certificateholder controls all rights and benefits under the Certificate.

“Enrollment Form” means the Enrollment Form and all amendments and supplements as completed by the Certificateholder.

“Insured” means the person on whose life coverage is based. The Insured is also the Certificateholder.

“Lapse” is the termination of the Certificate due to nonpayment of Certificate Premiums,

“Policy Date” means the effective date of coverage under this Policy and the date from which Policy anniversaries are determined.

“Reinstatement” means restoring coverage after the Certificate has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the Group Policy holder. The Group Policy holder is shown on the Policy Schedule Page.

## **GENERAL PROVISIONS**

**ENTIRE CONTRACT** - The entire Contract consists of:

1. this Policy, including the Accidental Death Benefit Rider and amendments; and
2. the attached Application of the Group Policy holder and
3. the attached Enrollment Forms of the Certificateholders.

All statements made in the Application and Enrollment Forms will be considered representations and not warranties. No statement made by the Certificateholder relating to insurability shall be used in contesting the validity of insurance unless it is contained in the Enrollment Form and a copy of the instrument containing the statement has been furnished to the Certificateholder, Beneficiary or personal representative.

**INSURABILITY** – We reserve the right to require the Certificateholder to furnish evidence of insurability satisfactory to Us as a condition to part or all of the coverage under the Certificate. The need for evidence of insurability will be based upon the answers to all medical questions on the Enrollment Form. This evidence can include but will not be limited to a request for the Certificateholder's medical records.

**INDIVIDUAL CERTIFICATES** – We will issue for delivery to each Certificateholder an individual Certificate outlining the insurance protection to which the Certificateholder is entitled and the Beneficiary to whom benefits are payable. The Certificate will also outline the rights of the Certificateholder upon the termination of the group policy, termination of the group's eligibility for coverage and death pending conversion of the Certificate

**MODIFICATION OF CONTRACT** – No change or waiver of any of the terms and provisions of this Policy will be valid unless made in writing by Us and signed by an Officer of Our Company. No Producer or other person has the authority to change or waive any provision of this Policy.

**GUARANTEED RENEWABLE** - The Certificate is issued for an initial term of years. The initial term is described on the first page of the Certificate. At the expiration of that term, or any renewal term thereafter and through age 70, it may be renewed at the Certificateholder's option without evidence of insurability by paying the applicable renewal premium. Renewal premiums will be shown in the Certificate.

Any renewal shall become effective as of the first day of the renewal term period, provided the renewal premium is paid on such day, or within a grace period of 31 days thereafter. Subsequent premiums shall be payable under the same conditions as in the preceding term.

Premiums may change if a new table of rates is applicable to the Certificate. The change in the table of rates will apply to all covered persons in the same class on the date of the change. A notice including a new renewal premium chart will be sent to the Certificateholder sixty (60) days prior to a change in premiums.

**CONTROL** - The Insured is the Certificateholder. The Certificateholder may exercise all rights set out in this contract without the consent of any but an Irrevocable Beneficiary.

**ASSIGNMENT** – The Certificateholder may assign the Certificate. The assignment must be in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. The rights of an Assignee may limit the Certificateholder's rights and the rights of the Beneficiary. We are not charged with notice of an assignment unless We acknowledge in writing Our receipt of such assignment.

**INCONTESTABILITY** – We will not contest the validity of this Policy after it has been in force for two years. This two year period starts on the Policy Date. After the Certificate has been in force for two years or longer We cannot contest any claim unless premiums were not paid. This two year period starts on the Certificate Date.

If the Certificate is reinstated (explained in the reinstatement section), any claim may be contested for the same period following reinstatement and with the same conditions and exceptions with respect to contestability after original issuance.

**CHANGE OF BENEFICIARY** - The Beneficiary or Beneficiaries are named in the Enrollment Form. If the Certificateholder has reserved the right to change the Beneficiary, the Certificateholder may file a written request with Us to change the Beneficiary. If the Certificateholder has not reserved the right to change the Beneficiary, the written consent of the Irrevocable Beneficiary or Assignee will be required. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive the Certificateholder's request.

Only Beneficiaries who survive the Insured will be eligible to share in the Death Benefit. If no Beneficiary survives the Insured We will pay the proceeds to the Certificateholder's estate.

**MISSTATEMENT OF AGE OR SEX** - If the Certificateholder's age or sex has been misstated, any amount payable will be that which the premiums paid would have purchased based upon the correct age or sex. In the event that the age is misstated and We would not have originally issued the Certificate, Our liability shall be limited to the return of all the premiums that were paid.

**STATEMENT OF CONFLICT** – The Certificate issued to the Certificateholder summarizes the provisions outlined in this Policy. If there is a conflict between the Policy and the Certificate the Policy provisions will prevail. If any of the provisions of this Policy do not follow the laws of the state where the application was signed, the provisions will be treated in accordance with those laws.

**SUICIDE** - If the Insured, whether sane or insane, dies by suicide within two years from the Certificate Date, Our liability will be limited to an amount equal to the premiums paid for the Certificate.

## **PREMIUMS AND REINSTATEMENT**

**PAYMENT OF PREMIUM** – To keep the Certificate in force each premium must be paid in advance. The first premium is due as of the Certificate issue date. Subsequent premiums are payable before the end of the grace period. The premium amount and interval of payment are shown in the Certificate Schedule Page. The Certificateholder may change the mode of payment on any Certificate on any Certificate anniversary by giving written notice to Us at Our Administrative Office, subject to Our minimum premium requirements. Any premiums paid beyond the Certificate month of the date of death will be returned as part of the Death Benefit.

**GRACE PERIOD** - A period of 31 days, without interest, will be allowed for the payment of any premium, after the first, during which period the Certificate shall be continued in force. If the Insured should die during this grace period, the unpaid premium will be deducted from any amount payable under the Certificate. If a premium is not paid before the end of the grace period, the Certificate will Lapse. We will send a notice to the Certificateholder and any Assignee of record fifteen (15) days prior to the lapse of the Certificate which will include the amount of premium due to continue the Certificate in force.

**REINSTATEMENT** - The Certificate may be reinstated within five (5) years from the date of default. We will require:

1. the Certificateholder's written request to reinstate the Certificate; and
2. evidence of insurability satisfactory to Us; and
3. payment of all overdue premiums with interest compounded at the rate of 6% per year;

Our determination of the Certificateholder's continued insurability and the payment of all overdue premiums with interest must occur during the Certificateholder's lifetime.

### **DEATH BENEFIT**

We will pay the Death Benefit set forth in the Certificate Schedule Page, less any premium due, to the Beneficiary upon receipt of due proof that the death of the Insured occurred while the Policy and the Certificate were in force. The proceeds payable under the Certificate shall include premiums paid for any period beyond the end of the policy month in which the death occurred, unless the refund of premiums is due some other person pursuant to contract provisions. If payment of the proceeds exceeds thirty (30) days from the date of proof of death was furnished, We shall pay interest upon the proceeds, or refunds of premium, at the rate of eight percent (8%) per year. Payment will be made to the Beneficiary listed on the Enrollment form, unless we have been notified of a change of Beneficiary. The Death Benefit will be paid in one lump sum.

### **CONTINUATION OF COVERAGE**

If coverage under the Certificate should terminate due to:

1. termination of membership in the classes eligible for coverage; or
2. termination of any class eligible for coverage; or
3. termination of this Policy ;

the Certificateholder shall be entitled to have issued without evidence of insurability an individual policy under a plan We are then offering for an amount of insurance up to the same face amount as the Certificate. The application for the new policy and payment of the first premium shall be made to Us within thirty-one (31) days after such termination. The individual policy will be issued without disability or other supplementary benefits.

**NOTICE OF CONVERSION** – Will be sent to the Certificateholder prior to the termination of coverage under this Group Policy. Written notice presented to the Certificateholder or mailed by You to the last known address of the Certificateholder or mailed by Us to the last known address of the Certificateholder as furnished by You shall constitute notification.

**DEATH PENDING CONVERSION** – If death of the Certificateholder occurs during the period within which an individual policy could be issued but before such policy becomes effective, the amount of coverage the Certificateholder would be entitled to under the individual policy shall be payable as a claim under the group Policy, whether or not application and payment of the first premium have been made.

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE POLICY  
WITH ACCIDENTAL DEATH BENEFIT RIDER  
PREMIUMS PAYABLE FOR TEN YEARS  
NON-PARTICIPATING  
CERTIFICATES GUARANTEED RENEWABLE FOR 10 YEARS THROUGH AGE 70**

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE  
WITH ACCIDENTAL DEATH BENEFIT RIDER  
PREMIUMS PAYABLE FOR TEN YEARS  
NON-PARTICIPATING  
GUARANTEED RENEWABLE FOR 10 YEARS THROUGH AGE 70**

**Lincoln Heritage Life Insurance Company**  
An Illinois Stock Company


**Principal Office**  
[4343 East Camelback Road]  
[Phoenix, AZ 85018]


[Toll Free: 1-800-438-7180]

**Administrative Office**  
[-----]  
[-----]

**READ YOUR CERTIFICATE CAREFULLY** – This is a legal contract between You, the Certificateholder, and Lincoln Heritage Life Insurance Company. This Certificate is issued to You in consideration of the Enrollment Form and payment of premiums. We will pay the Death Benefit, less any premium due, to the Beneficiary upon receipt of due proof that the Insured's death occurred while this Certificate was in force. Our payments are subject to the terms of this Certificate. A copy of the Enrollment Form is attached to, and made part of, this Certificate.

**RIGHT TO CANCEL** – You may cancel this Certificate by delivering, mailing or faxing written notice to Our Administrative Office and by returning this Certificate or contract to Us before midnight of the thirtieth (30th) day after the date You receive the Certificate. Written notice and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will void this Certificate from its date of issue and return all payments made to You within ten days after We receive notice of cancellation and the returned Certificate.

[  
Secretary]

[  
President]

## CERTIFICATE CONTENTS

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Enrollment Form - Attached	



# LINCOLN HERITAGE LIFE INSURANCE COMPANY

PRINCIPAL OFFICE: PHOENIX, ARIZONA

## Certificate Schedule Page Specifications

### Ten Year Level Term Group Life Insurance

Certificateholder:	[John Doe]	Certificate Number:	[XX-XXXXXXXXXX]
Issue Age:	[35]	Death Benefit:	[\$35,000.00]
Date of Issue:	[January 13, 2009]	Expiration Date:	[January 13, 2019]

### Premiums

	<u>Annual</u>	<u>Semi Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
<b>Premium</b>	[\$314.52]	[\$157.26]	[\$78.63]	[\$26.21]
<b>Policy Fee</b>	[\$36.00]	[\$36.00]	[\$36.00]	[\$36.00]
<b>Total</b>	[\$350.52]	[\$193.26]	[\$114.63]	[\$62.21]

TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE  
WITH ACCIDENTAL DEATH BENEFIT RIDER  
PREMIUMS PAYABLE FOR TEN YEARS  
NON-PARTICIPATING  
GUARANTEED RENEWABLE FOR 10 YEARS THROUGH AGE 70

## CERTIFICATE RENEWAL PREMIUMS

Please See Page 7 for Details

### Female - Non-Tobacco

Annual Premium Per Thousand	
Attained Age	Premium
20 - 24	\$28.08
25 - 29	\$27.88
30 - 34	\$29.75
35 - 39	\$29.85
40 - 44	\$29.75
45 - 49	\$27.25
50 - 54	\$27.67
55 - 59	\$28.60
60 - 64	\$28.50
65 - 69	\$28.29
70	\$27.96

Plus \$36 Policy Fee

### Male - Non-Tobacco

Annual Premium Per Thousand	
Attained Age	Premium
20 - 24	\$29.13
25 - 29	\$27.25
30 - 34	\$28.50
35 - 39	\$28.08
40 - 44	\$27.25
45 - 49	\$29.13
50 - 54	\$30.06
55 - 59	\$27.25
60 - 64	\$28.83
65 - 69	\$28.63
70	\$27.50

Plus \$36 Policy Fee

### Female – Tobacco

Annual Premium Per Thousand	
Attained Age	Premium
20 - 24	\$29.13
25 - 29	\$28.81
30 - 34	\$28.08
35 - 39	\$29.13
40 - 44	\$29.13
45 - 49	\$27.67
50 - 54	\$28.50
55 - 59	\$25.58
60 - 64	\$29.75
65 - 69	\$29.75
70	\$29.71

Plus \$36 Policy Fee

### Male – Tobacco

Annual Premium Per Thousand	
Attained Age	Premium
20 - 24	\$25.48
25 - 29	\$27.04
30 - 34	\$28.08
35 - 39	\$26.83
40 - 44	\$27.67
45 - 49	\$26.52
50 - 54	\$29.13
55 - 59	\$24.91
60 - 64	\$23.50
65 - 69	\$27.75
70	\$29.38

Plus \$36 Policy Fee

## DEFINITIONS

In this Certificate: "Age" means Age of the Insured on last birthday.

"Certificate Date" means the effective date of coverage under the Certificate and the date from which Certificate anniversaries and premium due dates are determined.

"Certificateholder" means the holder of the Certificate of Coverage. The Certificateholder is the Insured. The Certificateholder controls all rights and benefits under the Certificate.

"Enrollment Form" means the Enrollment Form and all amendments and supplements as completed by You.

"Insured" means the person on whose life coverage is based. The Insured is also the Certificateholder.

"Lapse" is the termination of this Certificate due to nonpayment, subject to the nonforfeiture provisions.

"Reinstatement" means restoring coverage after this Certificate has lapsed.

"We," "Us," and "Our," mean Lincoln Heritage Life Insurance Company

"You" and "Your" mean the Certificateholder. The Certificateholder is shown on the Certificate Schedule Page.

## GENERAL PROVISIONS

**ENTIRE CONTRACT** - The entire Contract consists of:

1. this Certificate including the Accidental Death Benefit Rider and amendments; and
2. the attached Enrollment Form.

All statements made in the Enrollment Form will be considered representations and not warranties. No statement made relating to Your insurability shall be used in any contest unless it is contained in the Enrollment Form and a copy of the instrument containing the statement is or has been furnished to You, the Beneficiary or personal representative.

**INSURABILITY** – We reserve the right to require You to provide evidence of insurability satisfactory to Us as a condition to part or all of Your coverage under this Certificate. The need for evidence of insurability will be based upon Your answers to all medical questions on the Enrollment form. This evidence can include but will not be limited to a request for Your medical records.

**MODIFICATION OF CONTRACT** – No change or waiver of any of the terms and provisions of this Certificate will be valid unless made in writing by Us and signed by an Officer of Our Company. No Producer or other person has the authority to change or waive any provision of this Certificate.

**GUARANTEED RENEWABLE** - This Certificate is issued for an initial term of years as described on the first page of the Certificate. At the expiration of that term, or any renewal term thereafter and through age 70, it may be renewed at Your option without evidence of insurability by paying the applicable renewal premium. Renewal premiums are shown on page 4 of this Certificate.

Any renewal shall become effective as of the first day of the renewal term period, provided the renewal premium is paid on such day, or within a grace period of 31 days thereafter. Subsequent premiums shall be payable under the same conditions as in the preceding term.

Premiums may change if a new table of rates is applicable to this Certificate. The change in the table of rates will apply to all covered persons in the same class on the date of the change. A notice including a new renewal premium chart will be sent to You sixty (60) days prior to a change in premiums.

**CONTROL** - You may exercise all rights set out in this contract without the consent of any but an Irrevocable Beneficiary. You have the sole right to assign the Certificate. Any change must be requested by You in writing. Such change will be effective the date of the request but is subject to any payment made or action by Us before We endorse the Certificate.

**ASSIGNMENT** – You may assign this Certificate. The assignment must be in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. The rights of an Assignee may limit Your rights and the rights of the Beneficiary. We are not charged with notice of an assignment unless We acknowledge in writing Our receipt of such assignment.

**INCONTESTABILITY** - After the Certificate has been in force for two years or longer during Your lifetime We cannot contest any claim unless premiums were not paid. This two year period starts on the Certificate Date.

If the Certificate is reinstated (explained in the reinstatement section), any claim may be contested for the same period following reinstatement and with the same conditions and exceptions with respect to contestability after original issuance.

**CHANGE OF BENEFICIARY** - The Beneficiary or Beneficiaries are named in the Enrollment Form. If You have reserved the right to change the Beneficiary, You may file a written request with Us to change the Beneficiary. If You have not reserved the right to change the Beneficiary, the written consent of the Irrevocable Beneficiary or Assignee will be required. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request.

Only Beneficiaries who survive the Certificateholder will be eligible to share in the Death Benefit. If no Beneficiary survives the Certificateholder, We will pay the proceeds of this Certificate to your estate.

**MISSTATEMENT OF AGE OR SEX** - If Your age or sex has been misstated on the enrollment form, any amount payable will be that which the premiums paid would have purchased based upon the correct age or sex. In the event that the age is misstated and We would not have originally issued the Certificate, Our liability shall be limited to the return of all the premiums that were paid.

**STATEMENT OF CONFLICT** – This Certificate summarizes the provisions outlined in the Policy. If there is a conflict between the Policy and the Certificate the Policy provisions will prevail. If any of the provisions of the Policy do not follow the laws of the state where the application was signed, the provisions will be treated in accordance with those laws.

**SUICIDE** - If the Insured, whether sane or insane, dies by suicide within two years from the certificate Date, Our liability will be limited to an amount equal to the premiums paid for this Certificate, less any certificate debt.

## **PREMIUMS AND REINSTATEMENT**

**PAYMENT OF PREMIUM** – To keep this Certificate in force each premium must be paid in advance. The first premium is due as of the Certificate issue date. Subsequent premiums are payable before the end of the grace period. The premium amount and interval of payment are shown on page 3. You may change the mode of payment for any Certificate on any certificate anniversary by giving written notice to Us and subject to Our minimum premium requirements. Any premiums paid beyond the Certificate month of the date of death will be returned as part of the Death Benefit.

**GRACE PERIOD** - A period of 31 days, without interest, will be allowed for the payment of any premium, after the first, during which period this Certificate shall be continued in force. If death should occur during this grace period, the unpaid premium will be deducted from any amount payable under this Certificate. If a premium is not paid before the end of the grace period, this Certificate will Lapse. We will send a notice to You and any Assignee of record fifteen (15) days prior to lapse which will include the amount of premium due to continue this Certificate in force

**REINSTATEMENT** - This Certificate may be reinstated within five (5) years after it lapses, We will require:

1. Your written request to reinstate this Certificate; and
2. evidence of insurability satisfactory to Us; and
3. payment of all overdue premiums with interest compounded at the rate of 6% per year;

Our determination of your continued insurability and the payment of all overdue premiums with interest must occur during Your lifetime.

## **DEATH BENEFIT**

We will pay the Death Benefit set forth in the Certificate Schedule Page, less any premium due, to the Beneficiary upon receipt of due proof that the death of the Insured occurred while this Certificate was in force. The proceeds payable under this Certificate shall include premiums paid for any period beyond the end of the policy month in which the death occurred, unless the refund of premiums is due some other person pursuant to contract provisions. If payment of the proceeds exceeds thirty (30) days from the date of proof of death was furnished, We shall pay interest upon the proceeds, or refunds of premium, at the rate of eight percent (8%) per year. Payment will be made to the Beneficiary listed on the Enrollment form, unless We have been notified of a change of Beneficiary. The Death Benefit will be paid in one lump sum.

## **CONTINUATION OF COVERAGE**

If coverage under this Certificate should terminate due to:

1. termination of membership in the classes eligible for coverage; or
2. amendment of the Group Policy so as to terminate any class eligible for coverage; or
3. termination of the Group Policy,

Notice will be sent to You prior to the termination of coverage. You shall be entitled to have issued without evidence of insurability, an individual policy of life insurance under a plan We are then offering for an amount of coverage up to the same face amount as this Certificate. The application for and payment of the first premium must be made to Us within thirty-one (31) days after such termination. The new Policy will be issued without disability or other supplementary benefits.

Provided further that:

1. You have been covered for at least three (3) years under the Group Policy that was issued five (5) years prior to such termination; and
2. The amount of coverage shall not exceed the smaller amount of Your terminating coverage, less the amount of coverage for which You become eligible under any Group Policy issued or reinstated by Us or another Insurer within thirty-one (31) days after termination or two thousand dollars (\$2,000.00); and
3. The new Policy shall be on any form of insurance then being offered by Us, at the age and for the amount applied for, except there shall be available to You preliminary or interim term insurance for not more than one (1) year from the date of termination; and
4. The new Policy shall be in an amount not to exceed the amount of coverage that is terminating; and
5. Any amount of insurance that has matured as an endowment payable to You on or before the date of termination shall not be included in the amount of coverage which is considered to be terminating; and
6. The premium for the new Policy shall be at the customary rate applicable to the form and amount of coverage, to the class of risk to which You then belong and to the age attained on the effective date of the new Policy.

**DEATH PENDING CONVERSION** – if death occurs during the period within which You would have been entitled to have an individual policy issued and before such policy becomes effective, the amount of coverage You would have been entitled to under the new Policy shall be payable as a claim under the Group Policy, whether or not application And the payment of the first premium have been made.

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE  
WITH ACCIDENTAL DEATH BENEFIT RIDER  
PREMIUMS PAYABLE FOR TEN YEARS  
NON-PARTICIPATING  
GUARANTEED RENEWABLE FOR 10 YEARS THROUGH AGE 70**



**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
**An Illinois Stock Company**  
**Principal Office: Phoenix, Arizona**

**ACCIDENTAL DEATH BENEFIT RIDER**  
**Forming a part of the Policy to which it is attached**

Group Policyholder: [Financial Institutions]

Policy Number: [ XXXXXXXXX]

1. **ACCIDENTAL DEATH BENEFIT.** We agree to pay the Benefit amount shown on the Certificate Rider to the Beneficiary upon receipt of due proof of the accidental death of the Certificateholder. Such proof must show that death occurred within 90 days of the covered accident and while this Rider, Group Policy, the Certificate and Certificate rider are in force. Payment of the death Benefit will be subject to the terms and conditions of the Certificate Rider. Payment shall be paid in one lump sum and shall be in addition to any other amounts payable under the Certificate.

**ACCIDENTAL DEATH BENEFITS**

Accidental Death Benefits

As stated on the Certificate Rider

2. **DEFINITION OF ACCIDENTAL DEATH.** For purposes of this rider, accidental death is defined as death which results from accidental bodily injury as a direct result of an accident sustained by the Certificateholder.

Such death shall be independent of disease, bodily infirmity, or any other non-accidental cause, and must occur within 90 days after the date the injury was sustained and is not a direct result and is not caused by any one or more of the following, which are risks not assumed.

- (a) Intentional self-inflicted injury, while sane or insane.
- (b) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled except: (1) when taken as prescribed by a physician; (2) the accidental ingestion of a poisonous food substance; (3) in the case of gas or fumes, except while conducting one's duties during the course of employment.
- (c) Bodily or mental infirmity or illness or disease of any kind or by infections (except infections occurring as the result of an accidental bodily injury).
- (d) Medical or surgical treatment, except when required as the result of an accident.
- (e) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- (f) Committing or attempting to commit an assault or felony.
- (g) Operating a vehicle while legally intoxicated as specified by state law.

3. **SPECIAL COMMON CARRIER.** If the death of the Certificateholder occurs within ninety (90) days from the date of an accidental injury, as defined in the following, We will pay an amount equal to four times the Accidental Death Benefit shown on the Certificate rider.

**AIRPLANES:** While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

**RAILWAYS:** While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

**MOTOR BUSES:** While riding as a fare-paying passenger in a public motor bus, operating as a common carrier, and which is being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

**BOATS, SHIPS:** While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

**ELEVATED, SUBWAYS AND STREET CARS:** While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

4. **PASSENGER AUTOMOBILE.** If the death of the Certificateholder occurs as a result of an injury sustained while riding in a passenger automobile traveling on a designated and maintained public roadway, and the death is within ninety (90) days from the date of the accident; We will pay an amount equal to two times the Accidental Death Benefit shown on the Certificate Rider.


5. **AUTOPSY.** We shall have the right and opportunity, at Our expense, to examine the body and unless prohibited by law, to make an autopsy,

6. **TERMINATION OF RIDER.** The Certificate Rider will automatically terminate and become null and void, without any action by Us or notice to or from the Certificateholder, on the earliest of the following dates or events.

- (a) Receipt at Our Principal Office of a written request for cancellation of the Group Policy, or
- (b) The prior lapse or surrender of the Certificate, or
- (c) nonpayment of any premium when due or within the grace period, or
- (d) Conversion of the Certificate unless the conversion agreement specifically provides for the continuance of this Rider or
- (e) Receipt at Our Principal Office of a written request for cancellation of the Certificate.

7. **EFFECTIVE DATE.** The effective date of this rider shall be the Policy Date. The effective date of the Certificate rider shall be the Certificate Date.

8. **RIDER APPLICABILITY.** All provisions of the Group Policy and the Certificate will apply to the rider.

  
President

  
Secretary

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
**An Illinois Stock Company**  
**Principal Office: Phoenix, Arizona**

**ACCIDENTAL DEATH BENEFIT RIDER**  
**Forming a part of the Certificate to which it is attached**

Insured's Name: [John Doe]

Certificate Number: [XX-XXXXXX]

1. **ACCIDENTAL DEATH BENEFIT.** We agree to pay the Benefit amount shown below to the Beneficiary upon receipt of due proof of the accidental death of the Insured. Such proof must show that death occurred within 90 days of a covered accident and while this rider and the Certificate are in force. Payment of the death Benefit will be subject to the terms and conditions of this Rider. Payment shall be paid in one lump sum and shall be in addition to any other amounts payable under the Certificate.

**ACCIDENTAL DEATH BENEFITS**

Accidental Death

[XXXXXX.XX]

2. **DEFINITION OF ACCIDENTAL DEATH.** For purposes of this rider, accidental death is defined as death which results from accidental bodily injury as a direct result of an accident sustained by the Insured.

Such death shall be independent of disease, bodily infirmity, or any other non-accidental cause, and must occur within 90 days after the date the injury was sustained and is not a direct result and is not caused by any one or more of the following, which are risks not assumed.

- (a) Intentional self-inflicted injury, while sane or insane.
- (b) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled except: (1) when taken as prescribed by a physician; (2) the accidental ingestion of a poisonous food substance; (3) in the case of gas or fumes, except while conducting one's duties during the course of employment.
- (c) Bodily or mental infirmity or illness or disease of any kind or by infections (except infections occurring as the result of an accidental bodily injury).
- (d) Medical or surgical treatment, except when required as the result of an accident.
- (e) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- (f) Committing or attempting to commit an assault or felony.
- (g) Operating a vehicle while legally intoxicated as specified by state law.

3. **SPECIAL COMMON CARRIER** – If the death of the Insured occurs within ninety (90) days from the date of an accidental injury, as defined in the following, We will pay an amount equal to four times the Accidental Death Benefit.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier, and which is being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

BOATS, SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

4. **PASSENGER AUTOMOBILE.** If the death of the Insured occurs as a result of an injury sustained while riding in a passenger automobile traveling on a designated and maintained public roadway, and the death is within ninety (90) days from the date of the accident; We will pay an amount equal to two times the Accidental Death Benefit.


5. **AUTOPSY.** We shall have the right and opportunity, at Our expense, to examine the body and, unless prohibited by law, to make an autopsy.

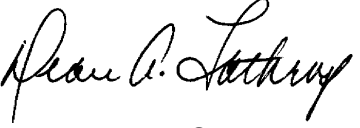
6. **TERMINATION OF RIDER.** This rider will automatically terminate and become null and void, without any action by Us or notice to or from the Certificateholder, on the earliest of the following dates or events:

- (a) The prior lapse or surrender of the Certificate, or
- (b) nonpayment of any premium when due or within the grace period,
- (c) Conversion of the Certificate unless the conversion agreement specifically provides for the continuance of this Rider.
- (d) Receipt at Our Principal Office of a written request for cancellation of the Certificate.

7. **EFFECTIVE DATE.** The effective date of this rider shall be the Certificate Date.

8. **RIDER APPLICABILITY.** All provisions of the Certificate will apply to this rider.

  
President

  
Secretary



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

**APPLICATION FOR GROUP  
TERM LIFE INSURANCE POLICY**  
PLEASE PRINT LEGIBLY

**Principal Office:**  
4343 East Camelback Road  
Phoenix, AZ 85018

**1. Applicant Information**

Name: **[Financial Institutions]**

Address: **123 Main Street**

City: **Any Town**

State: **South Dakota**

Zip Code: **00000**

Mailing Address: (if different) **Same as above**

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone number with Area Code: **555-123-4567**

**2. Authorized Signatures**

Authorized Representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**GTPDMAPP**



**Principal Offices:**  
4343 East Camelback Road  
Phoenix, AZ 85018-2705

<i>SERFF Tracking Number:</i>	<i>LHLI-125979321</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41342</i>
<i>Company Tracking Number:</i>	<i>GPTLDM09-ARRH</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term</i>		
<i>Project Name/Number:</i>	<i>Arkansas Group term/</i>		

## Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LHLI-125979321</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41342</i>
<i>Company Tracking Number:</i>	<i>GPTLDM09-ARRH</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term</i>		
<i>Project Name/Number:</i>	<i>Arkansas Group term/</i>		

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 01/08/2009

#### Comments:

#### Attachments:

CERT OF FLESCHE.pdf

ARKANSAS CONSENT TO SUBMIT RATES.pdf

### Review Status:

**Satisfied -Name:** Cover Letter 01/15/2009

#### Comments:

#### Attachment:

cover letter.pdf



## **CERTIFICATION OF FLESCH READABILITY SCORE**

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 40 on the Flesch reading ease test.
- (2) Except for specification pages, schedules and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s):

GCTLDM09-AR – Group Term Life Insurance Certificate  
GPTLDM09-AR – Group Term Life Insurance Master Policy  
GTCADRD – Accidental Death Rider for Group Term Life Insurance Certificate  
GTPADRD – Accidental Death Rider for Group Term Life Insurance Master Policy  
GTCDMENR-AR – Enrollment Form for Group Term Life Insurance Certificate  
GTPDMAPP – Application for Group Term Life Insurance Master Policy

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**



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Rodney Hartwig, Compliance Associate

January 15, 2009

## **CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL**

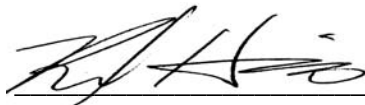
The Lincoln Heritage Life Insurance Company of Springfield, Illinois, does hereby consent and agree:

- A) That all premium rates and/or cost bases both maximum and current or projected used in relation to forms numbered GCTLDM09-AR, GPTLDM09-AR, GTCADRD, GTPADRD, GTCDMENR-AR, GTPDMAPP must be filed with the Insurance Commissioner for the State of Arkansas at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

OR

- B) That where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a change of rates it will stay within and will notify the Department at least sixty (60) days prior to any changes in the range of rates. The company must also document the method used to calculate its premiums and range of rates.

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**



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Rodney Hartwig, Compliance Associate

Date: January 15, 2009



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

January 15, 2009

Arkansas Insurance Department  
Life Policy Review Section  
1200 West 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

Re: Lincoln Heritage Life Insurance Company, NAIC #65927

Form: GCTLDM09-AR – Group Term Life Insurance Certificate  
GPTLDM09-AR – Group Term Life Insurance Master Policy  
GTCADRD – Accidental Death Rider for Group Term Life Insurance Certificate  
GTPADRD – Accidental Death Rider for Group Term Life Insurance Master Policy  
GTCDMENR-AR – Enrollment Form for Group Term Life Insurance Certificate  
GTPDMAPP – Application for Group Term Life Insurance Master Policy  
\$50.00 Filing Fee

Dear Sir or Madam:

We are submitting the above noted forms for your review and approval. We will market these products through direct response mailings to individuals in your state. These policies and certificates will have separate rates for males and females.

These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms.

Form GCTLDM09-AR is a limited pay term life insurance certificate with an accidental death benefit rider that will be issued to group members. Level premiums are paid by the Certificateholder for 10 years. At the end of the ten year term the certificate is renewable for another ten year term through age 70.

Form GTCADRD is the accidental death benefit rider and will be included as part of each certificate at the time of issue.

Form GPTLDM09-AR is the master policy with an accidental death benefit rider that will be issued to financial institutions.

Form GTPADRD is the accidental death benefit rider and will be included as part of the master policy at the time of issue.

Form GTPDMAPP is the application form that will be completed when applying for the group policy.

Form GTCDMENR-AR is the enrollment form that will be completed when applying for the certificates of coverage.

To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

If you have any questions or require any further information please contact me at 800-433-8181 or email me at [rodney.hartwig@londen-insurance.com](mailto:rodney.hartwig@londen-insurance.com)

Sincerely,

Rodney Hartwig  
Compliance Associate  
Lincoln Heritage Life Insurance Company

*Our Business is You*

4343 East Camelback Road  
Suite 400  
Phoenix, AZ 85018-2705  
[www.lhlic.com](http://www.lhlic.com)  
Toll Free (800) 433-8181  
Direct (602) 957-1650  
Fax (602) 840-9726